

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
0983 2434
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
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TOTAL IND.	5					
TOTAL DEP.	18	↔	↔	↔		
TOTAL CLAIMS	23	↔	↔	↔		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↔	↔	↔		
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		↔	↔	↔		